

# Aerial Photo Lab Service Request

Ordered By			Date of Request		Customer Notified <b>Time</b> <b>Date</b>	
Signature			Agency/Company			<input type="checkbox"/> Call <input type="checkbox"/> FED-X <input type="checkbox"/> Mail <input type="checkbox"/> UPS
Phone		Project Title				
<b>Work Order</b>	<b>Group</b>	<b>Work Op.</b>	<b>Object</b>	<b>Org. Code</b>	<b>Request Number</b>	
			<b>TE-75</b>		<b>-</b>	
<b>Project Specifications</b>					<b>S/H/P \$</b>	

## Project Specifications

**S/H/P \$**

### Quad Maps:

**Non-Standard Item:**

<b>Aerial Photography</b>		<b>Contact Printing</b>		<b>Enlargement Printing</b>	
<input type="checkbox"/> Obliques <input type="checkbox"/> Verticals  <input type="checkbox"/> 6" Lens <input type="checkbox"/> 12" Lens <input type="checkbox"/> 8 1/4" Lens	Photo Scale 1: _____  <input type="checkbox"/> Mapping <input type="checkbox"/> Non-Mapping <input type="checkbox"/> Targets	_____ ea. <input type="checkbox"/> Color Paper Prints _____ ea. <input type="checkbox"/> Color Film Diapositives _____ ea. <input type="checkbox"/> B/W Prints	_____ total _____ total _____ total	_____ ea. <input type="checkbox"/> Color Paper _____ ea. <input type="checkbox"/> B/W Paper _____ ea. <input type="checkbox"/> B/W Film	_____ sq.in. _____ sq.in. _____ sq.in.
<b>Aerial Negatives</b>		<b>Photo ID No.</b> _____ _____ _____ _____ _____		<b>Enlargement Factor</b> _____ X  <b>Scale 1:</b> _____  <b>Photo ID No.</b> _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> True Color <input type="checkbox"/> Color Infrared <input type="checkbox"/> B/W	_____ ea. _____ ea. _____ ea.	Lab No. 2 _____ Date _____		Lab No. 3 _____ Date _____	
<b>Studio Services</b>		<b>Film Can #</b> _____ _____ _____ _____ _____		<b>Film Can #</b> _____ _____ _____ _____ _____	
<b>Print Mounting</b> <input type="checkbox"/> Black <input type="checkbox"/> White  <input type="checkbox"/> 3/16" Gatorfoam _____ sq.ft. <input type="checkbox"/> 1/2" Gatorfoam _____ sq.ft.		<b>Historical Printing</b>		<b>Customer Services</b>	
<b>Print Laminating</b> <input type="checkbox"/> Clear _____ sq.ft. <input type="checkbox"/> Matte _____ sq.ft. <input type="checkbox"/> UV _____ sq.ft. <input type="checkbox"/> Acetate Flipover _____ sq.ft.		No. of Prints _____ total Neg. Retrieval _____ hrs.  Twp/Rng/Sections/Other Photo ID: _____ _____ _____ _____ _____ _____		<input type="checkbox"/> Notarized Letter for Court Exhibits _____ ea. <input type="checkbox"/> Scale Ratio _____ hrs. <input type="checkbox"/> Preparation _____ hrs.	
<b>Print Trimming</b> <input type="checkbox"/> Gold <input type="checkbox"/> Black _____ L.I. 3/16th <input type="checkbox"/> Silver <input type="checkbox"/> Gun Metal Gray _____ L.I. 1/2					
<b>Labor</b> <input type="checkbox"/> Mosaic <input type="checkbox"/> Other _____ hrs. <input type="checkbox"/> Splice					
Studio 3 _____ Date _____		See Attached for Neg. ID		Check No./Credit Card Amount Paid  Date Receipt No.	

**Bill To:**

**Ship To:**